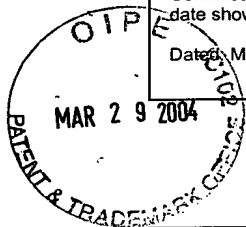


I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 26, 2004

Signature: \_\_\_\_\_

(Thomas M. Palisi)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Hans Proppert

Application No.: 09/554,835

Filed: July 5, 2000

For: USE OF THE E. COLI STRAIN DSM  
6601 FOR TREATING DIARRHEA IN  
VETERINARY MEDICINE

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:  
: Group Art Unit: 1651  
:  
: Examiner: I. Marx  
:  
:  
:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Dear Sir:

In response to the Official Action mailed November 13, 2003, Applicants submit the following amendments and remarks.



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. HARMSEN 3.3-002	
Application No. 09/554,835	Filing Date July 5, 2000	Examiner I. Marx	Art Unit 1651		
Applicant(s): Hans Proppert					
Invention: USE OF THE E. COLI STRAIN DSM 6601 FOR TREATING DIARRHEA INVETERINARY MEDICINE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	6	- 21 =		x	0.00
<b>Independent Claims</b>	2	- 4 =		x	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Thomas M. Palisi Attorney Reg. No.: 36,629				Dated: <u>March 26, 2004</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6366					
<small>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</small>					
Dated: March 26, 2004		Signature:  (Thomas M. Palisi)			